
MEDICAL EXAMINER.

NEW SERIES.

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A Report of Cases of Puerperal Fever, illustrative of the Malignant Epidemic that prevailed in the Lying-in Department of the Philadelphia Hospital, during the months of March and April of 1842. By M. W. WILSON, M. D., Resident Physician.

Susan Carroll, æt. 23, a robust Irish girl, was delivered of her first child on the 22d of March, after a severe labour of about eighteen hours duration, attended with a rupture of the perineum. After the labour terminated she came under my care. In order to induce union of the rupture, as speedily as possible, a sponge was introduced into the vagina above the injury, to absorb the fluids, and her knees were confined together by a bandage. The lochia appeared early on the first, the milk was established on the second day from her labour. The bowels were opened with a laxative on the third day, and the patient appeared to be doing very well. She had been seized with occasional attacks of paroxysms of pain in her abdomen, attended with abdominal tenderness, which always yielded to warm cataplasms. The sponge was withdrawn from the vagina daily and reintroduced.

On the 26th,—the fourth day of her confinement,—she had a rigor, followed by a return of the pain and tenderness in her abdomen. The pulse was 90 per minute, and corded; tongue dry and slightly coated. She was directed to have forty leeches applied to the abdomen; the cataplasms were continued, and the following draught was ordered to be taken at night.

R. Olei Ricini, $\overline{3}$ ss.
Tinc. Opii, gtt. xxx.

27th. Patient slept well last night; her bowels were gently moved once this morning; pain and tenderness much ameliorated; pulse quick and moderately full; tongue dry, and more thickly coated, and chapped. The cataplasms were continued.

Evening. The pains come on in paroxysms, lasting a few minutes, and then entirely leave her. The abdominal tenderness continues, but less severe. The cataplasms were continued, and four grains of camphor with one-sixth of a grain of the sulphate of morphia were prescribed.

28th. Patient slept well; the pain still recurs in paroxysms, but they are much less severe. She complains of some constant pain in the left iliac region. Pulse small and corded, about ninety. She was ordered thirty leeches to be applied over the seat of the pain, and to continue the cataplasms.

Evening. The abdomen is swollen, tympanitic, and painful. The pain is greatly relieved by firm pressure on the abdomen. Skin hot and dry; pulse about one hundred. She was directed to drink water as hot as she could bear it, which was followed by almost immediate relief of the pain, and a profuse diaphoresis. The cataplasms were continued, and the anodyne repeated.

29th. Expression anxious; respiration oppressed; abdomen swollen; pain and tenderness increased; bowels moved several times during the night; pulse 120, corded; skin hot; tongue coated, dry, and dark coloured. She was directed to have fifty leeches applied to the abdomen, and the cataplasms to be continued, and the anodyne repeated at night.

30th. Countenance more anxious; dyspnœa increased; respiration about forty per minute; pulse 140, small and tense. Abdomen more distended; bowels opened frequently. She was ordered to have forty leeches applied to the abdomen, and the cataplasms continued; and also to take three grains of blue pill every two hours. Dr. Gillingham visited the patient, and advised the treatment to be continued.

Evening. All the symptoms are aggravated; the abdomen is enormously distended and tender. A rectum tube was introduced up the rectum, and some feces, with considerable flatus escaped, until a contraction of the bowels destroyed the tube. She was then directed an assafœtida enema. The epidermis was raised with Granville's "antidynous lotion," and the surface dressed with mercurial ointment.

31st. Pulse very quick and frequent. The abdomen is larger than it was before her confinement. Her bowels were not opened since yesterday. Directed camphorated mercurial ointment to be applied over the whole abdomen, and covered with a warm cataplasm, and the following enema was administered.

R. Olei Terebinth., ʒvj.
Tinct. Cardamomi, ʒi.
Misturæ Assafœt., ʒiss. M.

No action followed, and a rectum tube was again introduced, through which some fluid and considerable flatus escaped.

She commenced sinking rapidly at two o'clock—sordes collected on the teeth; there was extreme dyspnœa and occasionally low muttering delirium. She died at six o'clock in the evening.

Necroscopy eighteen hours after Death.

On cutting into the peritoneum, a considerable quantity, perhaps two or three pints, of dark coloured serum, mixed with flakes of lymph was observed. The peritoneum was finely injected throughout its extent, of a dark red colour. The omentum majus was finely injected and covered over with tenacious lymph. The intestines, both large and small, were very much distended with gas, except the lower portion of the colon, which was much contracted. The mucous membrane was natural.

The uterus was of the ordinary size after confinement. The parietes were softened. The internal surface was lined with a dark grayish substance, very tenacious, and about two lines and a half in thickness. In some places it appeared to extend into the substance of the uterus. At the lower part the colour was of a dark red, and appeared very much like clotted blood.

Dr. Gerhard considered it nearly in a gangrenous state.

Case 2.—Sarah Spangler, æt. 30, a healthy Irish woman, was delivered of her sixth child on the 11th of April. Her labour was not very severe, but it was attended with almost incessant vomiting. She was thirty-six hours in labour. She came under my charge on the following day, and appeared to be doing very well. The lochia was as usual, and the milk was established during the day. There was, perhaps, more tenderness than

usual over the abdomen, and she was directed to keep a warm cataplasm of flaxseed constantly applied. On the afternoon of the 13th, or the third day of her confinement, she had a severe rigor, followed by severe pain in the abdomen. An hour after the chill, when I saw her, the pulse was 120 per minute, small and corded; skin was hot and dry, and the tongue dry and coated. The lochia had ceased. She was directed to continue the cataplasm and to take five grains of calomel with ten of the ipecac. and opium powder.

14th. Countenance anxious; pulse small and feeble, 120; she complains of pain in the fore part of the head. The abdominal pain and tenderness have diminished; the lochia appeared again this morning. She was directed to continue the cataplasm, and to take two ounces of the infusion of cinchona three times a day.

Evening. The patient is very much improved. The pulse is a little excited, about 100 per minute, and more full. Tongue is coated along the edges, and red in the centre. The lochia continues, and the milk is increased. The treatment to be continued.

15th. The patient is much better. The pulse is but very little excited; she has no pain or tenderness in the abdomen. The bowels were opened in the night.

Evening. She had another rigor this afternoon, followed by a return of the pain and tenderness in the abdomen; hot and dry skin, and small quick pulse, (120 per minute.) The tongue is still coated. The hot cataplasm was continued, and she was directed to take a tablespoonful of the following prescription every two hours.

R. Liquor. Ammoniae Acetat., \bar{z} ivss.
Spts. Aether. Nitrici, \bar{z} iss. M.

16th. Pulse 180, small and quick. The patient is very restless. She slept none last night. The abdomen swollen and tympanitic, and the pain and tenderness increased. The expression is very anxious; tongue still coated. She was directed to have thirty leeches applied to the abdomen, and to continue the cataplasm; and also to take the following prescription:

R. Hydrarg. Chlorid. Mit., gr. x.
Pulv. Ipecac. et Opii, gr. xv. M.

Evening. Pulse 135, feeble; the pain and tenderness have increased; the abdomen is less distended; countenance sunken. She was directed brandy and egg freely. The cataplasm was continued.

17th. Delirium; countenance expressive, haggard; pulse quick and frequent; pain and tenderness increased; bowels opened during the night. The treatment to be continued.

Evening. The patient has had several convulsions during the afternoon, all the symptoms have increased in severity; sordes is collecting on the teeth. The treatment to be continued, and prescribed

R. Ammon. Carbon. \bar{z} i.
Spts. Aeth. Sulph. Comp., \bar{z} ss.
Mucilag. G. Acac., \bar{z} vss.

M. Dose, tablespoonful every hour.

Sinapisms were directed to the extremities.

18th. Patient is almost pulseless; low muttering delirium; and the extremities are cold. She died at 11 o'clock.

Necroscopy, twenty-four hours after Death.

The cavity of the peritoneum contained about two pints of serum, with flakes of lymph. The peritoneum was finely, but unequally injected throughout its extent. The omentum majus was finely injected and covered with lymph. The uterus was of the usual size after labour. The parietes were attenuated and softened. The internal surface was lined with a dark tenacious mass, which in some places appeared to penetrate into the substance of the uterus. The large veins of the uterus were natural, the other viscera were healthy, except the stomach, which presented some bright red injection in the mucous membrane, near the cardiac orifice.

Case 3.—Henrietta Hoffman, æt. 25, was confined with her second child on the 8th of April. There was some adhesion of the placenta, with hour-glass contraction of the uterus, which caused some difficulty in its delivery. It was finally accomplished by introducing the hand and separating the placenta from the uterus. She now came under my care. About three days previous to the labour she had an attack of erysipelas, which involved one side of the face, completely closing one eye, and implicating a part of the scalp. Her treatment had been saline laxatives, with local applications of flaxseed mucilage.

9th. Pulse about ninety per minute; the redness of the face is diminishing. There is considerable tenderness over the abdomen, and she complains of pain in the hypogastrium, which comes on in paroxysms. Her bowels were opened several times during the night. She was directed a warm cataplasm to the abdomen; and to take fifteen grains of the ipecac. and opium powder.

10th. Pulse eighty, soft, and moderately full. Abdomen less painful and tender. The redness of face is improving. The cataplasm to be continued and also the mucilage to the face.

Evening. Patient had rigors this afternoon, about an hour previous to my visit. Pulse 130; small and feeble; skin hot and dry; tongue coated, dry, and chapped; the redness of the face is now almost confined to the eyelid. She has some tenderness over the abdomen; the pain, which is severe, comes on in paroxysms. The lochia continue, the milk has ceased. The bowels were opened four times in twenty-four hours. She was directed to continue the treatment, and also to take the following prescription:

R. Hydrarg. Chlor. Mit., gr. x.
Pulv. Ipecac. et Opü., gr. xv. M.

11th. Countenance anxious; pulse 100, feeble; tongue moist and creamy. The pain of abdomen continues to recur at intervals; abdominal tenderness has diminished. She was directed to continue the cataplasms, and to take two ounces of infusion of cinchona every four hours, and four ounces of wine daily, by advice of Dr. Gillingham.

12th. Pulse more full and soft, and less frequent, about 90; the pain and tenderness have greatly abated. The patient says she feels much better. The treatment was continued.

13th. Pulse nearly natural, except more feeble; tongue moist; no pain or tenderness; the bowels are regular. The redness of face is diminishing. The treatment was continued.

14th. Patient is improving. The treatment continued.

15th. Still improving.

Evening. She had another rigor this evening, followed by a return of the abdominal pain and tenderness, which was attributed to the patient leaving her bed and walking out of the ward in an undress, contrary to directions. The treatment was still continued.

16th. Countenance anxious; pulse 100, small and corded; tongue moist; abdominal pain and tenderness continue. The treatment was continued.

Evening. Pulse 120; the symptoms more severe. Directed to continue the treatment, and to take fifteen grains of the ipecac. and opium powder.

17th. Pulse 120; feeble; countenance very anxious. The pain has increased, and she refers it more to the right iliac region, than elsewhere. She is obliged to lie with her thighs flexed, to relax the abdominal muscles. She slept but little during the night. When the paroxysm of pain comes on, she screams out so as to alarm the patients in the adjoining ward. She was directed to continue the cataplasm, and to take the following prescription:

R. Hydrarg. Chlorid. Mit., gr. xxxij.

Pulv. Ipecac. et Opii, ʒi.

M. Div. in Chart. No. iv.

Take one every four hours.

Evening. The patient is much easier. The treatment to be continued.

18th. She complains of very little pain, and no tenderness in the abdomen. The treatment was discontinued.

I now left the ward, but the patient continued to improve. She was considered as convalescent, and after this date required but little treatment. She has since left the house, quite well.

Case 4.—Sarah Smith, æt. 23, of full, plethoric habit; subject to convulsions of an epileptiform character; during gestation was confined of a still-born child, April 12th, after a protracted labour of eight days duration. During her labour, between the paroxysms of pain, she appeared unusually cheerful, and occasionally had strange hallucinations. For twelve hours previous to the termination of labour, she fancied her child was born and secreted by the nurse, and she was only convinced of her error by a few severe pains, which terminated her labour. Immediately after the placenta came away, she was taken with rigors which lasted for upwards of an hour and a half. Hot drinks and hot applications were directed to the abdomen, and sinapisms to the extremities. Profuse perspiration followed the rigor; the pulse was full and strong, about 90; the hallucinations still continued. She was ordered fifty leeches to the temples, which gave some relief. In the afternoon, the abdomen was very painful, tender, and swollen. She was bled to eighteen ounces by the advice of Dr. Gillingham.

R. Pulv. Ipecac. et Opii, ʒj. was prescribed at night, with orders to repeat it at 12 o'clock, if sleep should not be produced.

13th. Slept after the second powder was administered; the pulse is small, frequent, and moderately tense; tongue dry, and covered with a dark yellowish coat in the centre. The bowels were opened last night; the pain and tenderness continue in the abdomen; delirium persists; she begs of me to take the afterbirth away. The lochia have ceased. She was ordered ten leeches to the os uteri, and forty to the abdomen, and the following prescription:

R. Hyd. Chl. Mit. gr. x.; P. Ipecac. et Opii, ʒj. M.

Hot cataplasms were continued to the abdomen.

Evening. Pulse about 100; very weak; tongue coated, dry and chapped,

red along the edges; respiration hurried; abdomen greatly distended; complaints of pain and tenderness over the abdomen; the delirium continues the same. The cataplasm to be continued, and the following prescription directed:

R. Ammon. Carb. $\overline{3}j.$
 Spts. Æth. Sulph. Comp. $\overline{3}ss.$
 Aquæ Menth. $\overline{3}vss.$

M. Dose, a half ounce every hour.

She was ordered brandy and egg freely; sinapisms to extremities; the delirium increased, and she would take no medicine. Stimulating injections were ordered, and sinapisms over the abdomen. She continued to sink until 5 o'clock in the morning, when she died. Her friends prevented an examination of the body.

Case 5.—Fanny Tillsman, a colored woman, æt. 30, of stout, robust frame, was delivered of her sixth child on the evening of the 8th of April, 1842. She was left on the lying-in bed while her physician was absent for a few minutes, with instructions not to leave it, but neglecting these instructions she went to the close stool, and while straining on it, a sudden contraction of the uterus expelled the child and ruptured the perineum. On the 9th, when she came under my charge, her expression was anxious; pulse small and frequent, about 100; tongue red in the centre and coated along the edges; great abdominal tenderness, particularly in the hypogastric region, and perhaps a little swelling. Her bowels were open frequently during the night. She had been troubled with a looseness of the bowels for about twenty-four hours previous to labour, with some tenesmus. She was ordered a hot cataplasm to abdomen, and Pulvis Ipecacuanhæ et Opii, gr xv. every three hours.

Evening. Pulse small, frequent, and moderately tense; the abdomen is very much enlarged; pain and tenderness are increased; the bowels were opened three times since morning. She was ordered forty leeches to the abdomen; to continue cataplasm and a pill composed of

R. Hydrarg. Chlor. Mit. gr. j.
 Pulv. Ipecac. et Opii, gr. iij.

Every three hours.

10th. Pulse 120, feeble; tongue coated as yesterday, more glossy in the centre; bowels opened very frequently; pain and tenderness in abdomen increased. The treatment to be continued.

Evening. All the symptoms aggravated; voice very indistinct; the lochia has stopped; the milk has diminished in quantity. She was ordered six ounces of wine a day in gruel, and the following mixture. The cataplasm to be continued.

R. Ammon. Carb. $\overline{3}i.$
 Spts. Æth. Comp. $\overline{3}ss.$
 Lac Assafœt. q. s. $\overline{3}vi.$

M. Fiat mist. Dose, a table spoonful every two hours.

11th. Pulse 140, very feeble; abdomen greatly distended, very painful and tender on pressure; bowels open very frequently, with bloody stools. Treatment continued, with enema opii every four hours.

Evening. Pulse more full and strong, about 120 per minute; the swelling of abdomen is subsiding; no change in the character or frequency of the stools. The treatment to be continued.

12th. Pulse very frequent and feeble; tongue still coated; sordes collecting on the teeth; drops of cold perspiration are standing on her face; ab-

domen less painful, and less tympanitic; extremities cold; bowels opened but once last night. She was directed sinapisms to the extremities, and brandy and egg freely, and, also, an enema of six drachms of Oleum Terebinthinæ in mucilage, and to be repeated in two hours.

Evening. All the symptoms aggravated, but tympanitis much less; pulse extremely weak and frequent; expression haggard; intellect clear. She died in the night.

Necroscopy twenty-eight hours after Death.

External appearance. Abdomen very little, if at all distended; breasts small, and milk exudes when cut into; no emaciation. On opening the peritoneum, about a pint and a half of reddish-brown serum escaped. The peritoneum exhibits a patch of dark-red colour, and finely injected in about four inches square at the region of the umbilicus. The peritoneal surface of the ileum about four feet from the ileo-cæcal valve is of a dark-brown colour, extending downwards two feet, corresponding in position with the fundus of the uterus, and lying immediately against it. Elsewhere the intestines are healthy on the peritoneal surface.

The stomach contained some fluid of a dark muddy appearance. Some patches of bright red injection were observed in the mucous membrane, and they extend down the duodenum. The mucous membrane is not softened. The ileum, about eight feet above the ileo-cæcal valve, shows traces of inflammation, which increase for four feet in intensity. At this place the mucous membrane is thickened, somewhat softened, and there is a deposition of blood beneath. This appearance, internally, corresponds with a dark-brown colour, observed on the peritoneal coat of the intestines, and ends as it commenced, very abruptly. Below this, the intestine is very much attenuated to the end of the ileum. The glands of Peyer are ulcerated, resembling the state of these glands in typhoid fever. The mucous membrane is very much thickened, and covered with lymph throughout its whole extent. It resembles a tissue studded with warts.

The liver is soft and pale. The spleen, kidneys and pancreas are healthy. The uterus is of the usual size after labour; parietes, perhaps a little softened, internally it is lined with a dark red substance apparently extending into the substance of the uterus; it varies in thickness from two and a half to five lines. In color and consistence it bears resemblance to coagulated blood on the surface, but becomes more firm below, as we remove it. The ovaries are perfectly healthy.

Several children died in the lying-in ward, of peritonitis during the prevalence of this epidemic. One of them died five days after birth, without any symptoms of disease, until a few minutes before death. It took the breast fifteen minutes previous to death, and appeared perfectly well. On examination of the body, the peritoneum was found of a dark red colour, and finely injected throughout its whole extent, and the liver was much congested with blood; all the other viscera were healthy. The mother of this child escaped the epidemic. Two other children died, after a few days illness, one five, and the other seven days after birth. On examination the appearances presented were the same as in the first. The mothers of both these children had the fever; one of them died. There were two other cases that died after I left the wards, very much like those detailed above.

From an examination of these cases, it is obvious that large depletion

could not be practised with benefit. The low form of the disease which was apparent from the feeble and frequent pulse, and also the known typhoid tendency of the house, as indicated by the presence of erysipelas and typhus fever, went far to contra-indicate its use.

The state of the patient in whom bleeding was practised, was considered much more favourable for its employment than that of any case reported above. But the patient died, and the duration of the disease was shorter than of any other patient treated. It was also practised in another case, not included in the above report, immediately after reaction from the chill, and before the pulse exceeded 90 in frequency. She was a fine robust young Irish woman, and her pulse decidedly full and strong. The case, however, like the others, terminated fatally, and in a shorter time than the majority of the cases included in this report. I am unable to give the complete history of this case, as she passed from my care before death, by a change in the wards.

BIBLIOGRAPHICAL NOTICES.

A Treatise on the Diseases of the Heart and Great Vessels, and on the Affections which may be mistaken for them. By J. HOPE, M. D., F. R. S. First American, from the third London Edition. With Notes and a Detail of Recent Experiments. By C. W. PENNOCK, M. D., Attending Physician to the Philadelphia Hospital, Blockley. Philadelphia: Haswell & Johnson, 1842. 1 vol. 8vo., pp. 572.

The excellent work of Dr. Hope is introduced to the profession of this country, by Dr. Pennock, who has incorporated with it a very considerable amount of valuable additional matter. Dr. Hope's work has been long recognised as the most complete and elaborate treatise on the subject, and we have no hesitation in saying that in importance and value it is not surpassed by any book on medicine lately offered to the profession. The editorial additions of Dr. Pennock are beyond the ordinary labours of 'American editors.' His distinguished researches as an experimentalist, and his long and assiduous devotion to the pathology of diseases of the heart, rendered him peculiarly qualified for this task, and he has discharged it most ably and judiciously. Dr. Pennock's additions contain a large amount of original matter, and, besides, extracts from the writings of other pathologists, as C. J. B. WILLIAMS, BIZOT, and others. Among the original matter of the editor, is the report of the Experiments on the Action of the Heart, performed by him, which were first published in this Journal, Vol. 2d, No. 44, and are there commented on at length. A description of a previously undescribed form of dissecting aneurism is also given, illustrated by several cases and a plate. The running commentaries by Dr. Pennock on the text of Dr. Hope, supply some important deficiencies in the author, and

present with entire completeness, the actual state of knowledge respecting the pathology of diseases of the heart.

The London Dissector, or Guide to Anatomy, for the use of Students. From the last London Edition. Revised and corrected by EDWARD J. CHAISTY, M. D., late Demonstrator of Anatomy in the University of Maryland. Philadelphia, Barrington & Haswell, 1842. 1 vol. 12mo. pp. 273.

We are glad to see that Messrs. Barrington and Haswell have issued a second edition of this useful little work, which we recommend as an excellent manual to the student of practical anatomy.

Report of the Joint Special Committee, on the Subject of the Effects of Leaden Pipes upon Well-water, in the city of Lowell. Pages 21.

An elaborate and interesting report, by Dr. SAMUEL L. DANA.

THE MEDICAL EXAMINER.

PHILADELPHIA, OCTOBER 15, 1842.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

At the annual election for officers, held September 24th, 1842, the following gentlemen were elected:

President, NATHANIEL CHAPMAN, M. D.

Vice Presidents, JACOB RANDOLPH, M. D., SAMUEL GEORGE MORTON, M. D., CHARLES D. MEIGS, M. D.

Secretary, THOMAS STEWARDSON, M. D.

Treasurer, GEORGE W. NORRIS, M. D.

Curator, EDWARD HARTSHORNE, M. D.

ANALECTA.

On the use of the Unripe Fruit of the Persimmon, or Diospyros Virginiana, as a Therapeutic Agent.—Dr. J. P. METTAUER, of Prince Edward Court

House, Va., in the October number of the American Journal of the Medical Sciences, calls the attention of the profession to this article. He says :

“ Our first trial consisted of the use of the simple infusion, formed by pouring a teacup of boiling water upon half a dozen of the half-grown persimmons slightly crushed. As soon as the infusion was cool, we directed a tea-spoonful of it to be given to an infant rather more than a year old, sweetened with refined sugar, every second hour, until the watery discharges from the bowels, under which it was rapidly wasting, should be arrested, or the infusion be found to disagree. This experiment was most satisfactory, and the result truly gratifying. The persimmon had only been administered twice before the bowels were restrained ; and after the third dose it was suspended, until an alvine discharge could be procured by an enema. After this, the remedy was only administered occasionally, as the diarrhœa threatened to recur, alternating with it from time to time enemata, or mild internal aperients. In a fortnight after this agent was first administered, the child was able to run about the house, and very soon recovered perfectly.

Since the first trial with this new remedy, we have had many opportunities for using it in similar cases, and even in common diarrhœa, and the results have uniformly been decidedly favourable and salutary.

After various experiments and trials with this substance, we have adopted four standard preparations for using it ; that is, the tea or infusion ; the syrup, the vinous and acetous tinctures.

The infusion is a very active and efficient form, and will be found both agreeable and convenient for administration : it can only be employed, however, during the season which affords the fruit, and for this reason only, it is to be regarded, perhaps, as the least unexceptionable of the preparations of this article. Nevertheless, the infusion may be used with great advantage during the summer and early autumnal months—which period of the year is most prolific of the forms of diarrhœa in which astringents are allowable. It may be prepared by infusing from one to two ounces of the fresh immature fruit slightly crushed, in a common teacup of boiling water ; and of the cool infusion sweetened with refined sugar, from one to three tea-spoonfuls may be given to infants once an hour, or after long intervals, until the restraining effect is produced. Occasionally the tea may be rendered aromatic by adding cassia bark, pimento, ginger and the like ; or it may be animated with French brandy, gin, or wine to render it more palatable. When to be used with adults the doses must be augmented to from one to three table-spoonfuls ; and given after the intervals already stated.

The syrup may be prepared by converting the infusion already described into a syrup, by adding to it refined sugar, and gently boiling them down to a proper consistency for keeping. This is decidedly the most convenient and useful form of using the persimmon ; it is also the most agreeable, as the sugar greatly modifies the rough taste. This syrup may be variously combined for administration, and is ready and at home at all seasons of the year. It also possesses the astringency of the persimmon in great purity, and will retain it for an indefinite period of time without the least deterioration.

In preparing the syrup, care should be taken not to urge the process of converting the infusion into a syrup too rapidly ; gentle and gradual

boiling answers best; indeed, the fluid should just be kept to the boiling point; and the process must be conducted over a sand bath, or a salt-water bath; and glass vessels should invariably be used for the purpose.

For infants, the doses of the syrup may be very nearly as we have advised of the infusion; perhaps they should be somewhat smaller. With adults we have invariably used from two to four tea-spoonfuls to the dose.

The vinous tincture may be prepared by digesting one pound of the green persimmon recently procured and a little crushed, in one pint and a half of port, or any other wine, exposed daily to the solar heat for fourteen days. After this the tincture may be filtered for use. This is an elegant preparation, and possesses the astringent powers of the persimmon in great purity, and in a most convenient form for administration. It is not, however, applicable to every variety of diarrhœa, by reason of the stimulating menstruum used in its preparation. This preparation is more especially applicable to the treatment of adult cases of diarrhœa, though we have occasionally employed it with infants likewise. The dose for adults is very nearly the same as advised of the syrup. With infants the dose should rarely exceed a tea-spoonful, and must invariably be small to commence with, say not more than one-third of a tea-spoonful; and the medicine should always be sweetened with refined sugar.

The acetous tincture is prepared by digesting two pounds of the recent fruit a little crushed, in two pints of strong pure apple-vinegar, fourteen days exposed to the solar heat; the tincture may then be filtered for use. This preparation is chiefly designed for external use, especially for gargles and cataplasms. It is most valuable in tonsillary affections, especially when they follow scarlatina, or chronic catarrh, used as a gargle. It is also exceedingly useful as a cataplasm in whitlow, or inflammation of the mammae threatening milk abscess. To form it into a cataplasm, it will only be necessary to convert any quantity of the tincture into a poultice, by uniting with it when hot, the requisite proportions of any kind of farinaceous material; even the fruit may be used. We have also employed it in the early stages of dysentery after a brisk cathartic, and with decidedly beneficial effects: in this disease it promises to be eminently useful. It is a more efficient remedy in this disease than the solution of common salt in vinegar, to which, however, it assimilates itself very much in its remedial action.

The astringency of the persimmon is peculiarly adapted to the treatment of every form of diarrhœa. In the diarrhœa of infancy, we have often used the infusion and syrup with distinguished benefit. The tinctures we have also occasionally employed, but not with very decided benefit with these tender subjects, chiefly, we think, because we were unwilling to hazard their use with them in commanding doses. We have frequently united the infusion and syrup, with the syrups of rhubarb and senna, or the infusion of senna; and occasionally with calomel, with benefit. With stimulants and tonics these preparations may also often be associated with advantage. In some exceedingly bad cases of protracted Mississippi diarrhœa, we have used the persimmon with the most triumphant and salutary effects. In these cases we generally premise one or two doses of blue mercurial powder, about twelve grains, before commencing with the persimmon; and the infusion, syrup, or vinous tincture given in port wine, one of the forms of using it generally adopted by us. Should the remedy restrain the bowels very

suddenly, aperients must be interposed; and for this purpose, nothing answers so well as the syrup of rhubarb, or the compound syrup of senna.

Occasionally we have found it useful to combine grain portions of ipecacuanha with the persimmon, with a view to its diaphoretic effects; with adults, especially, it will be found exceedingly beneficial to use such a combination.

In the chronic stages of dysentery, we have employed these forms of the persimmon very beneficially. When used in this disease, they must be united with the syrup of rhubarb, or senna; or, combined with the oleaginous emulsion; and generally, paregoric in sufficient doses to impress the system decidedly, should be given with them at night.

In uterine hemorrhage, and especially in menorrhagia, we have employed the infusion, both as an internal remedy, and by way of injection, per vaginam, with great benefit. In these fluxes it is destined to be eminently useful from the promptness and great potency of its action as an astringent; much, however, remains to be known of the remedial operation and applicability of the persimmon as a therapeutic agent.

Pommade of Oxide of Zinc in Eczema, Impetigo, and Ecthyma. By MARTIN SOLAN.—In the above disease Martin Solan has experienced great success from the employment of the following ointment: Axungiae, 30 grammes; Oxidii Zinci Alb., 1 vel 3. M. This ointment to be rubbed on the affected part morning and evening, with a sufficient quantity of pomatum. The three grammes of the oxide give the compound considerable consistence. It should not be employed until desquamation has been established and all irritation removed, no matter whether eczema extends over a large portion of the body, or be confined to the backs of the ears, to the armpits, to the bend of the elbow, wrist, or knee; in either case it is *seldom this medicine fails* in removing the itching, in diminishing the redness and local secretion, and affecting a speedy cure, particularly if combined with baths.

In some cases of chapped nipple, or slight excoriations of the vulva, this pommade has been found extremely useful. Impetigo and ecthyma have yielded to it with equal rapidity. We ought here, as in every other instance, to employ, along with the local treatment, means calculated to improve the general health.—*Lond. Med. Gaz., from Journal des Connaissances Médico-Chirurgicales*, June, 1842.

Excision of the Tonsils.—Dr. J. MASON WARREN read the following paper to the Boston Society for Medical Improvement, Aug. 22d, 1842.

In 1839 I presented to this Society some remarks on enlargement of the tonsils, attended by a certain deformity of the chest, and on the operation which had been practised for their relief.* Since that time I have had occasion to perform this operation on between one and two hundred patients. The results have led me to the same conclusion as stated at that time. I regret that I have not kept a sufficiently accurate account of all these cases to

* Published in the Medical Examiner, Vol. II., No. 20, p. 309.

be able to lay them before the Society. Within the last two months I have had occasion to perform this operation of excision of the tonsils on 13 patients. Eleven of these were children. In seven of the children the sternum was excavated or otherwise deformed. Six of the 13 patients were deaf. One immediately recovered his hearing after the operation; in the others some days elapsed before the improvement took place. In all of them the breathing was more or less affected, and relief almost immediately followed the operation.

In a late number of the Medical Examiner, I observed some remarks made by a distinguished surgeon in Philadelphia, in regard to a certain change of voice following on this operation, and suggested as the probable cause the injury done to the lateral half arches of the palate by the operation, from adhesions existing between them and the enlarged tonsils. I have taken some pains, since those remarks came under my observation, to examine a number of patients on whom I had previously operated, and in none of them could I observe, or had they observed themselves, the change of voice alluded to. In none of the 13 cases now given did this alteration exist.

There are few of the operations in surgery in which the relief is so immediate and so permanent, as in this simple one of excision of the tonsils, and the results, so far as I have observed, are uniformly favourable.

The instrument which I have most commonly used has been the guillotine instrument, with a convex instead of a spear-pointed blade. The broad shoulder of the instrument, which has been sometimes objected to, serves in the place of a spatula to hold the tongue well down, and the edges of the ring which embrace the tonsil, if not too narrow, press back the columns of the palate, and protect them from being wounded.—*New Eng. Journ. of Med. and Surg. Oct., 1842.*

In the last number of the New England Quarterly Journal, are some interesting cases of anæmia, or, as the author insists on writing it, Anhæmia, chiefly in reference to the puerperal state. Well known as the symptoms of anæmia are, it will be from time to time mistaken by men who have never learned the distinctive characters of disease, and can never persuade themselves that headache and violent action of the heart and arteries do not always require depletion. The more we bleed the worse the patient becomes, and the temporary relief which the loss of blood sometimes produces, is very soon followed by an increase in the distressing symptoms.

Generally speaking, anæmia is not dangerous. But it becomes so when complicated with any severe disturbance of the system, as the puerperal state; or when it is followed by a grave disorder, it is often indirectly the cause of death.

As the importance of the subject cannot be too strongly impressed upon our readers, we give Dr. Channing's remarks relative to some points in the history of the disease.

Diagnosis.—Anhæmia after delivery may be confounded with that state which follows immediately, or soon after, uterine hemorrhage. In the first or immediate state, the surface may resemble anhæmia; while some of the symptoms

of *reaction* are still more nearly like it. A very little observation will show that the *color* of the skin after hemorrhage, is wholly unlike the *no color* of anæmia. The skin, in the first place, may be blanched; but you see at once that something of its natural hue remains. It is not *red* in any sense of the word, but in this circumstance alone does it look like that of anæmia. There is *complexion*. Then again the face especially, and to this are these remarks confined, after hemorrhage, is sunken, wanting its natural expression; showing in the suddenness of the exhaustion, how sudden has been the action of the cause which has produced it.

Reaction.—After uterine hemorrhage, this sometimes is excessive, and along with the continued pallor, its symptoms nearly resemble anæmia. The principal of these symptoms is the violent action of the heart and arteries, and the sounds which accompany this action. In the *brain* we have sounds, which may be thought to imitate those which accompany anæmia. They differ, however, in this. They are called a *beating*, or rather thumping in the head; and are referred to various parts of the head, the temples especially, not to the ears; they are *felt* rather than *heard*; and I have never known them to be compared to the distinct noises that are so painfully annoying in anæmia. The least motion of the head increases the trouble almost to agony. The woman gets no sleep, and manifests extreme and general distress. So with the *heart*. Its action is tumultuous, audible to the patient, and is increased by the least motion.

Now how soon do all these troubles, incident to an excessive functional effort, give place to a controlled and salutary degree of *reaction* after *hemorrhage*? Sometimes again it passes into the truly morbid, even to the production of *peritonitis puerperarum*, or puerperal fever. So often has this been noticed, that judicious observers tell us, that in an epidemic invasion of that disease, we are not to look for exemption from it, in the profuse, nay, dangerous hemorrhages which may have attended labor. We may even be called on to practise active depletion in just those cases in which we might *a priori* have supposed it least likely to have been demanded. I might here show how prompt is sometimes this *reaction*, how salutary soever it may be, to pass into threatening local inflammation. Witness a case reported some time since in the London Medical and Physical Journal, of transfusion of blood done to prevent death from uterine hemorrhage, in which in a day or two afterwards it became necessary to apply *leeches* for a threatening *phlebitis*, which had attacked the arm in which the transfusion had been done. Thus it is that simple *reaction* from *loss of blood* differs entirely from anæmia. Every day that passes makes the safety greater in the one state, while time only develops more and more rapidly the fatal result of the other.

Diseases of the Heart and Arteries.—I have already given at some length a case, that of S. H., which was regarded as organic disease of the heart, and in which bloodletting had been so frequently practised to save life. In that case anæmia would seem to have been produced, or certainly not benefited, by the depletion for the supposed disease. Examination showed the error of the diagnosis. The heart was perfectly normal in its structure. I know, or rather have heard of a similar mistake, after a most careful *diagnosis*; and have before me the record of a supposed veritable aneurism of the *aorta*, which turned out to be no aneurism at all, i. e. at the *autopsy*. These were both cases of anæmia. In these instances the disease was chronic, at least had existed much longer than is common with the disease which they seemed so exactly to imitate. The diagnosis of the more usual

forms of anæmia, which are strictly *acute*, or are speedily terminated, cannot be very difficult. The palpitation of the heart, and pulsation of the arteries, may be never so tumultuous, still there is over and above all these, so much obviously threatening disease, with occasionally, I acknowledge, most extraordinary contradictions, that a careful observer cannot but see that the apparently most pressing symptoms are in reality the least so; that death is surely coming, but to which event those symptoms in themselves would hardly be supposed to lead. And how rare is it for those symptoms to be dwelt on by the patient? Nothing has been to me more striking, I had almost said startling, than the perfect serenity, the emphatic prophecy that life will soon cease, and the composure with which that event has been looked to, as these have been manifested by women, and by young women too, who have been just placed in the most important and interesting relation of life. You feel at the moment, and the thought never leaves you, that this mysterious malady has not its place in any one organ, an organ whose obvious lesion is after death to tell you the story of its cause. The whole material organism is disturbed, diseased, while the immaterial, the spiritual, has gained new power in the very midst of all this physical confusion.

But how is anæmia distinguished from the organic diseases just named? I have named one means of diagnosis in what I have just written. Then the symptoms given before, aid the question. You do not find in it any of the local or general symptoms which mark an organic disease soon to be fatal. The characteristic œdema of the face, of the feet, of the ancles, the ascites, the deficient urine, the thirst, the febrile commotion, the emaciation, the difficulty of any particular *decubitus*, especially the strongly expressed demand for an elevated position of the body; all these are wanting in anæmia. In the genuine disease, attacks are not paroxysmal, at least not so as in simple nervous heart, or the graver organic lesions of that organ. There is no emaciation. At least I remember but one case in which this was very striking, viz. in the protracted one of the young man which stands first in the series. And how strong is the contrast between the marked serenity and absence of complaint, even where the disturbance of the circulation is greatest, and that deeply expressed, and visible anxiety, and even pain almost amounting to agony, which attends the severer paroxysms of heart disease. I cannot but notice this, now that I am attending a young person with such disease in its worst form, whose life for years has been an almost continuous suffering, and who, now apparently at the close of life, is conscious of nothing but physical misery, and yet is daily occupied with the delusive hope of recovery.

Chlorosis.—In its chronic state anæmia may imitate chlorosis, and by excessive depletion for some of the severe symptoms of the latter, the former I think may be produced. I have given a probable case of this kind. In its connection with the *puerperal* state, however, whether acute or chronic, I hardly think such an error of diagnosis can arise. I, however, have said quite enough of the disease itself, and of its imitations, to make it unnecessary to point out in detail, or even at all, in what it differs from chlorosis.

Prognosis.—The character of this is easily to be gathered from what has been said in every page of this paper. The hourly and daily persistency of the same symptoms, with the as strongly marked failure of all the powers of life, and the unceasing progress to death which almost every case has made, tells us what the *prognosis* should be. The unfavourable character of this

gets new force from this single and simple fact, that in the two cases of anæmia which are reported to have recovered, there was no such change produced by any portion of the treatment, as authorized those who attended the cases to decide in any degree on what these recoveries depended.

Treatment.—The last question does much to settle the questions which the treatment of anæmia involves. The dissections which have been reported in this paper, and it would have been easy to have added to them, have thus far shed too little light on the nature of the disease to guide us in its treatment. These teach us how fatal a disease may be, the individual instances of which may have so strong a resemblance to each other as almost to seem to depend on some specific cause, and still leave no marks behind. The most which has been done by treatment, has been to attempt to answer the most obvious indications; and in the midst of universal physical prostration, with perfect mental vigor, to assist what power remains in sustaining the functions on which living depends. The question of *transfusion* has often occurred to me. But of what possible benefit would be such a supply of blood? What might not the effect be of filling almost empty vessels with a fluid so unlike that which already circulates in them, and which *their own functions* have produced? In a disease so fatal some risk might be incurred. But is transfusion an operation which our present knowledge of it would authorize? If safe in itself, however, might not time be gained by the operation, for such functional changes to occur as would supply healthful blood?

Circular.—It gives us great pleasure to comply with Dr. Oppenheim's request by inserting the following circular.

The frightful conflagration which visited Hamburg in the beginning of last May has not spared the premises of the MEDICAL UNION, whose Library, the fruit of twenty years assiduous collection, exists no more! Such a loss cannot be repaired by pecuniary contributions. Complete series of a great number of German, French, English, American, and Indian journals and works, rare editions of the older authors, a multitude of ancient and modern medical and chirurgical encyclopædias and lexicons in various languages, scarce and curious prints, &c., are not only lost, but are no longer procurable by purchase; while many hundred volumes of old dissertations, classified according to subjects, cannot be replaced in any manner. In this strait the Medical Union earnestly requests advice, not only from its foreign members, but from all its medical brethren, where and in what manner it may once more gradually acquire possession of a library at the least possible expenditure of money. Any communication on this subject, in post paid letters or through the medium of the booksellers, addressed to "The Directors of the Hamburg Medical Union," or to the undersigned, will be received with the sincerest thanks. The editors of the medical journals are requested kindly to give insertion to this notice in their respective publications.

F. W. OPPENHEIM, M. D.

Hamburg, May 16th, 1842.